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DATE: August 15, 2006
TO: EXAMINER: Christopher L. Gilligan FAX NO.: 571-273-8300
GAU: 3626
FROM: John R. Schell
Reg. No. 50,776

U.S. APP NO.: 09/992,036

FILING DATE: November 23, 2001

APPLICANT(S): Michael D. Dahlin

ATTY DKT NO.: 1039-0040

TITLE: SYSTEMS AND METHODS FOR DOCUMENTING MEDICAL
FILINGS OF A PHYSICAL EXAMINATION

NO. OF PAGES (INCL. COVER SHEET): 16

Attached please find:

- ☒ Transmittal Form (1 pg(s))
- ☒ Fee Transmittal (1 pg(s))
- ☒ Request for Continued Examination (1 pg(s))
- ☒ Amendment in Support of RCE (12 pg(s))

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PAGE 1/16 * RCVD AT 8/15/2006 2:34:30 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-5/5 * DNIS:2738300 * CSID:512 327 5452 * DURATION (mm-ss):03-10

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
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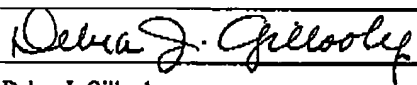
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/992,036	
	Filing Date	November 23, 2001	
	First Named Inventor	Michael D. Dahlin	
	Art Unit	3626	
	Examiner Name	Christopher L. Gilligan	
Total Number of Pages in This Submission	15	Attorney Docket Number	1039-0040

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (1 pg)
Remarks CUSTOMER NO.: 34456		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP		
Signature			
Printed name	John R. Schell		
Date	8-15-06	Reg. No.	50,776

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Debra J. Gillooly	Date	8-15-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 840.00

Complete if Known

Application Number	09/992,036
Filing Date	November 23, 2001
First Named Inventor	Michael D. Dahlin
Examiner Name	Christopher L. Gilligan
Art Unit	3626
Attorney Docket No.	1039-0040

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3797 Deposit Account Name: Larson Newman Abel Polinsky & White, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

27 - 20 or HP = 7 x 50.00 = 50.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

3 - 3 or HP = 0 x 200.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**


_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination 790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	50,776	Telephone	512-439-7100
Name (Print/Type)	John R. Schell	Date	8-15-06		

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